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B6F (Official Form 6F) (12/07)

In re	Tina R Caldwell	Case No. <u>4:15-bk-15239</u>	
		Debtor	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name, See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

						_		
CREDITOR'S NAME, MAILING ADDRESS	CODEBT	Н	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND	CONT	טבוומט.	D I S		
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	BTOR	C 1 M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ZGWZ	b	UTED	: 1	AMOUNT OF CLAIM
Account No.			Medical Bills	Ť	A T E D			
Advanced PT of Little Rock 10014 N Rodney Parham Rd Ste 103 Little Rock, AR 72227		•			Б			929.76
Account No.	_	-	Misc. Debt	H		H	+	5200
AmeriMark Premier PO Box 2845 Monroe, WI 53566		3/						
								215.00
Ark BlueCross BlueShield PO Box 790308		_	Misc. Debt					
Saint Louis, MO 63179								
								110.00
Account No.			Collections	П			T	
AT&T c/o Enhanced Recovery Col 8014 Bayberry Road Jacksonville, FL 32256		-						
								55.00
_5 _ continuation sheets attached			(Total of t	Subt			T	1,309.76

In re	Tina R Caldwell		Case No. 4:15-bk-15239	
-		Dehtor		

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODEBTOR CREDITOR'S NAME, ONTINGENT MAILING ADDRESS н DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM INCLUDING ZIP CODE, W AND ACCOUNT NUMBÉR J AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. l c (See instructions above.) Collections Account No. AT&T U-Verse c/o AFNI, inc. P.O. Box 3517 Bloomington, IL 61702-3517 54.00 Account No. Collections Cap One P. O. Box 30281 Salt Lake City, UT 84130 520.00 Account No. Portfolio Rec Assoc Representing: PO Box 41067 Cap One **Notice Only** Norfolk, VA 23541 Collections Account No. Credit One Bank/LVNV Funding c/o J.C. Christensen & Assoc. P.O. Box 519 Sauk Rapids, MN 56379 715.00 Account No. Tate & Kirlin Assoc Representing: 2810 Southampton Rd Credit One Bank/LVNV Funding **Notice Only** Philadelphia, PA 19154 Sheet no. 1 of 5 sheets attached to Schedule of Subtotal 1,289.00 (Total of this page) Creditors Holding Unsecured Nonpriority Claims

In re	Tina R Caldwell	2	Case No. 4:15-bk-15239	
0/2		Debtor		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	_			_	_	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	DNLLQULDATED	Iн	AMOUNT OF CLAIM
Account No.			Medical Bills	T	E		
Debra Morrison MD 409 N University Ave Little Rock, AR 72205		-			D		56.00
Account No.	H		Collections				
Dress Barn c/o Portfolio Rec Assoc PO Box 1099 Wixom, MI 48393		•					420.00
Account No.	\vdash	H	Collections	\vdash			
Gastro Clinics of Ark c/o FCS 10925 Otter Creek E Blvd Mabelvale, AR 72103		•					50.00
Account No.	H		Collections	\vdash	L	L	
Massey's c/o Convergent PO Box 1022 Wixom, MI 48393		1					40.00
Account No.	H		Medical Bills	-			
Office Park Family Practice #7 Office Park Drive Ste. 100 Little Rock, AR 72211		-					337.00
Sheet no. 2 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	(Total of t	ubt nis 1			903.00

In re	Tina R Caldwell		Case No	4:15-bk-15239	
-		Dehtor			

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	La		102 ag 197 Superay 6.0	-	-	_	·
CREDITOR'S NAME,	CODEBT	Hu	sband, Wife, Joint, or Community	6	U N	P	
MAILING ADDRESS	P	н	DATE CLAIM WAS INCURRED AND	ΙŅ	ŀ	I S P U T E D	
INCLUDING ZIP CODE,	В	W	CONSIDERATION FOR CLAIM. IF CLAIM	Ιť	à	Įΰ	
AND ACCOUNT NUMBER	O O	J	IS SUBJECT TO SETOFF, SO STATE.	N	ļ۷	Ī	AMOUNT OF CLAIM
(See instructions above.)	Ř	С	is sobred to determ, so simile.	E	Ď	p	
Account No.	Γ		Misc. Debt	1	N L I QUI DATED		
				-	P	⊢	
Old Pueblo Traders/Comenity	ı			1	ı	1	
P.O. Box 182273	ı	•			l	l	
Columbus, OH 43218-2273	П						
							500.00
Account No.	H		Medical Bills	+			
Ortho A rkannaa							
OrthoArkansas	1					1	
PO Box 55270	ı	-		1	ı	l	
Little Rock, AR 72215	ı	П			ı	l	
	L						56.00
Account No.							
						l	
CSI	ı	П	Representing:		ı		
PO Box 7545			OrthoArkansas				Notice Only
Little Rock, AR 72217				1	l		•
	ı			1			
Account No.	Γ	П	Collections	Г			
	ı			1			
Performant Rec Inc	П						
PO Box 9057	l	7					
Pleasanton, CA 94566	ı						
	ı						
							50,660.05
Account No. xx-x4-172		H	WOG	1	-		
Portfolio Rec Assoc							
c/o Allen & Withrow		-					
PO Box 17248							
Little Rock, AR 72222							
							040.00
							319.00
Sheet no. 3 of 5 sheets attached to Schedule of				Subt	ota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				51,535.05
			(10th of		Pue	, ,	

In re	Tina R Caldwell		Case No	4:15-bk-15239	
-		Debtor			

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

<u> </u>		_		-			
CREDITOR'S NAME, MAILING ADDRESS	C O D E B T	Hu	sband, Wife, Joint, or Community	CONT	U N L	D I S	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	E B T O R	C 1 M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	T I NG E N	UNLLQUIDATE	SPUTED	AMOUNT OF CLAIM
Account No.]	Г	Collections	Ť	TE		
Radiology Assoc c/o Coll Svc Inc PO Box 7545 Little Rock, AR 72217		9 1 28			D		1.00
Account No.		T	Collections	T	Г	Г	
RMC of America P.O.Box 21030 White Hall, AR 71612		-					
							501.70
Account No. St Vincent North/Link Rev Res c/o Stephens & Michaels Assoc 7 Stiles Rd Salem, NH 03079		-	Collections				632.00
Account No.	T	T	Student Loan	T			
US Dept of Ed PO Box 5609 Greenville, TX 75403		-					Unknown
Account No.			Collections		Г	Γ	
Woman Within c/o WFNNB PO Box 182125 Columbus, OH 43218-2125							503.00
Sheet no. 4 of 5 sheets attached to Schedule of	,			Subt			1,637.70
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	(e)	1,007.70

In re	Tina R Caldwell		Case No	4:15-bk-15239	
		Debtor			

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community DISPUTED CODEBTOR CONFINGENT CREDITOR'S NAME, MAILING ADDRESS Н DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. INCLUDING ZIP CODE, w AMOUNT OF CLAIM AND ACCOUNT NUMBER J С (See instructions above.) Account No. Portfolio Rec Assoc Representing: 120 Corp Blvd/Ste 100 Woman Within **Notice Only** Norfolk, VA 23502 Account No. Account No. Account No. Account No. Sheet no. 5 of 5 sheets attached to Schedule of Subtotal 0.00 Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total 56,674.51 (Report on Summary of Schedules)